



## PERMIT APPLICATION

**SIGN**TYPE OR PRINT IN INK ONLY  
FBC 2020 – 7<sup>th</sup> Edition – NEC 2017**CITY OF DELTONA  
BUILDING AND ENFORCEMENT SERVICES**2345 Providence Blvd - Deltona, FL 32725  
Permitting: 386-878-8650 – 386-878-8660  
Zoning: (386) 878-8665 - Fax 386-878-8651  
E-mail: [permitting@deltonafl.gov](mailto:permitting@deltonafl.gov)

Permit Number

Name of Business

Parcel ID#

Suite#

**City of Deltona  
Automated Inspection System****(386) 575-6900 / (407) 936-9999**

Owner's Name

Owner's Address

Project Address – Include City &amp; Zip

Sign Company Name

License Holder's Name

License Number

Sign Company Address – Include City &amp; Zip Code

Company' Phone #

E-mail Address

Electrical Company Name

Electrical Contractor's Address – Include City &amp; Zip Code

Electrical Contractor's Name

License Number

E-mail Address

**PROJECT SCOPE****USE****SIGN TYPE**

- ☐ New      ☐ Alteration  
☐ Addition      ☐ Repair  
☐ Raze      ☐ Move/Relocate  
☐ Other (specify) \_\_\_\_\_

- ☐ Permanent    ☐ Vested    ☐ Alternative  
Building Height \_\_\_\_\_  
Building/Suite Length \_\_\_\_\_  
Total Number of Signs \_\_\_\_\_  
*\*Sign shall not exceed 120 days per calendar yr.*

- ☐ Wall      ☐ Ground  
☐ Monument      ☐ Roof  
☐ Awning      ☐ Pole  
☐ Window      ☐ Hand-Held  
☐ Other (specify): \_\_\_\_\_

**AREA – SIGN FACE\*****ESTIMATED VALUATION \$**

Height \_\_\_\_\_ Length \_\_\_\_\_  
Height \_\_\_\_\_ Length \_\_\_\_\_  
Height \_\_\_\_\_ Length \_\_\_\_\_

Total sq. ft. \_\_\_\_\_

Total sq. ft. of Window Signage \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant\***

(Contractor's signature to be Notarized)

\_\_\_\_\_  
**Date***\*A sign plan with appearance, dimensions, and location of signs is required to be attached.**\*Owner Authorization Form Required if Applicant is not the owner***STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ (type of ID) identification.

\_\_\_\_\_  
Signature of Notary Public State of Florida\_\_\_\_\_  
Print, Type or Stamp Name of Notary

(SEAL)

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspection requested by 12:00 midnight will be done the next business day.

PERMIT EXPIRATION: permit expires 180 days from date issued unless otherwise noted below or governed by law.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

PERMIT ISSUED BY MUNICIPAL AGENT \_\_\_\_\_ DATE: \_\_\_\_\_